URINARY TRACT INFECTIONS

I. Examination/Diagnosis

- A. History should include documentation of the following:
 - 1. Previous urinary tract infections, urinary tract abnormalities, or previous urinary tract surgery.
 - 2. Presence, onset, severity of the following symptoms:
 - a. Burning on urination, frequency and/or urgency, post-void spasm;
 - b. Hematuria;
 - c. Vaginal irritation, itching, or unusual discharge;
 - d. Lower abdominal cramping or pain;
 - e. Back pain;
 - f. Fever, chills.
- B. A physical exam/lab tests may be performed as indicated and can include:
 - 1. Temperature;
 - CVA tenderness:
 - 3. Speculum examination and appropriate screening tests to rule out vaginitis, gonorrhea, chlamydia, and/or other pathology, which may be the cause of the symptoms;
 - 4. Bimanual examination to assess the possibility of PID;
 - 5. Clean catch urinalysis dipstick for protein, blood, leukocytes, and nitrites may be done (See lab protocol for interpretation of results). Urine culture and sensitivity as indicated.

II. Referral

Patients with any of the following should be referred for a physician evaluation:

- A. Findings consistent with acute pyelonephritis, including a temperature of 101 degrees F. or above:
- B. More than three documented previous urinary tract infections within the past twelve months;
- C. Persistent hematuria after previous treatment for presumed UTI or hematuria in women over the age of 40, without bladder symptoms;
- D. Known urinary tract abnormalities;
- E. Women who are immunocompromised (i.e., HIV, diabetics).

URINARY TRACT INFECTIONS

III. Treatment Regimens

- A. Trimethoprim 160 mg & sulfamethoxazole 800 mg. This drug should not be used in pregnancy. (Bactrim DS/Septra DS) BID X 3-7 days;
- B. Macrobid (nitrofurantoin monohydrate/macrocrystals) 100 mg PO q 12 hours X 3-7 days. It is safe to use in pregnancy.
- C. Cephalexin (Keflex) 500 mg PO TID X 3-7 days. It is safe to use in pregnancy.
- D. Ciprofloxacin (Cipro) 250-500 mg PO BID X 3-7 days. This drug should not be used in pregnancy.
- E. If, for some reason, the patient cannot take any of the above regimens, the following may be used: amoxicillin 250-500 mg tid X 3-7 days. 25% of urinary pathogens are resistant to ampicillin/amoxicillin.
- F. Pyridium (phenazopyridine hydrochloride) 200 mg po tid X 2 days may be used for clients with severe dysuria, post-void spasm, and frequency. (This drug should not be used in pregnancy).

IV. Follow-Up After Treatment

- A. If the patient is still symptomatic after 3-7 day treatment, the following options should be considered:
 - 1. R/O STD's and other vaginitis/vaginosis. Treat if indicated.
 - 2. Refer out for further evaluation, as indicated.
- B. Follow-Up of hematuria (>5 RBCs/hpf). If the patient has hematuria after treatment, whether symptomatic or not, she must be referred for further evaluation.

V. Education

- A. Clients shall be provided with a fact sheet on bladder infections.
- B. Clients shall be provided with the appropriate medication fact sheet.
- C. Clients should be instructed to contact the clinic or emergency room if symptoms of fever, chills, or increasing pain occur, as these may be symptoms of pyelonephritis.
- D. Clients should be instructed to contact the clinic if she is still experiencing symptoms after finishing her treatment.